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## APPLICANTS

David Kammer, Seattle, WA;

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## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Verified and Acknowledged	<i>Matthew S. MCS</i> Examiner's Signature	Initials			

## ADDRESS

26371

## TITLE

Data prioritization and distribution limitation system and method

FILING FEE RECEIVED 1040	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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